P.01/01

COLLARD AND ROE PC Taki d - Perio) ikanowili ial

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ÒΓ

	DENCE ADDRESS (Note: Use Blo	ock t for any change of address)	PA Not Fee pap	c: A certificate of mails (s) Transmittal. This cert ers. Each additional pape e its own certificate of m	ng can only be used for incate cannot be used for a such as an assignmental in grant or transmission.	r domestic mailings of or any other accompany nt or formal drawing, m
25889 COLLARD & 1077 NORTHE ROSLYN, NY	RN BOULEVARD	/		_	e of Mailing or Trans	mission
1/2010 EEKUBAY2 00000022 032468 10587689				Kelly Es	ertic	(Depositor's na
:1501 1510.	00 DA	TRAD	EMARKOY	Helly &	beities	(Signan
				June 3	<u> </u>	(0
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/587,689	07/27/2006		Alfred Freiberger	FRI	BERGER - 1 PCT	8394
арріл. Туре	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUB
nonprovisional	МО	\$1510	\$0	\$1510	\$1510	07/08/2010
EXAM	AINER	ART UNIT	CLASS-SUBCLASS			
•						
BERTHEAUD	, PETER JOHN	3746	417-312000	J		
Change of correspond FR 1.363). Change of corresp Address form PTO/S	lence address or indication condence address (or Char B/122) attached. dication (or "Fee Address" 02 or more recent) attache	of "Fee Address" (37	2. For printing on the p (1) the names of up to or agents OR, alternation (2) the name of a single registered automey or a	3 registered patent attorvely, e firm (having as a mem) gent) and the names of tracys or agents. If no nar	neys per a 2 ip to	& Roe, P.C.
Change of correspond FR 1.363). Change of correspond Change of correspond Change of corresponding PTO/S 1.7 Pee Address* indepto/SB/47; Rev 03-Number is required.	lence address or indication condence address (or Char B/122) attached. dication (or "Fee Address" 02 or more recent) attached.	of "Fee Address" (37 age of Correspondence Indication form Ed. Use of a Customer	2. For printing on the p (1) the names of up to or agents OR, alternati (2) the name of a singl registered automey or a 2 registered patent atto	3 registered patent attor vely, e firm (baving as a mem) gent) and the names of a meys or agents. If no nar printed.	neys per a 2 ip to	& Roe, P.C.
Change of correspond FR 1.363). Change of carrest Address form PTO/S PTO/SB/47, Rev 03- Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set form	condence address or indication condence address (or Char B/122) attached. dication (or "Fee Address" of or more recent) attached. LND RESIDENCE DATA cless an assignee is identith in 37 CFR 3.11. Comp	of "Fee Address" (37 age of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON	2. For printing on the p (1) the names of up to or agents OR, alternativ (2) the name of a single registered automey or a 2 registered patent atto listed, no name will be	3 registered patent attor vely, e firm (baving as a mem) sgent) and the names of a meys or agents. If no nar printed.	ocra 2property	
Change of correspond FR 1.363). Change of correspond Change of correspond Change of correspond Change of correspond Change of	condence address or indication condence address (or Char B/122) attached. dication (or "Fee Address" of or more recent) attached. LND RESIDENCE DATA cless an assignee is identith in 37 CFR 3.11. Comp	of "Fee Address" (37 age of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON	2. For printing on the p (1) the names of up to or agents OR, alternativ (2) the name of a single registered automey or a 2 registered patent atto listed, no name will be THE PATENT (print or type	3 registered patent attor vely, e firm (having as a mem) agent) and the names of the party or agents. If no nar printed. (**) atent. If an assignee is it assignment.	ocra 2 up to ne is 3 dentified below, the do	
Change of correspond FR 1.363). Change of carrest Address form PTO/S PTO/SB/47, Rev 03- Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set form	condence address or indication condence address (or Char B/122) attached. dication (or "Fee Address" or more recent) attached. NND RESIDENCE DATA cless an assignee is identition in 37 CFR 3.11. Compi	of "Fee Address" (37 age of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON	2. For printing on the p (1) the names of up to or agents OR, alternativ (2) the name of a single registered automey or a 2 registered patent atto listed, no name will be THE PATENT (print or typ data will appear on the p T a substitute for filing an	3 registered patent attorvely, e firm (having as a memi- igent) and the names of a meys or agents. If no nar printed. 20) atent. If an assignee is i assignment.	ocra 2 up to ne is 3 dentified below, the do	
Change of correspond FR 1.363). Change of correspond Change of correspond Address form PTO/S PTO/SB/47, Rev 03-4 Number is required ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSIGNATION ACC AUSTRIA	condence address or indication condence address (or Char B/122) attached. dication (or "Fee Address" of control attached. LND RESIDENCE DATA cless an assignee is identified in 37 CFR 3.11. Compiler California and C	of "Fee Address" (37 age of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON Third below, no assignee tenon of this form is NO	2. For printing on the p (1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered attorney or a 2 registered patent attorated, no name will be THE PATENT (print or type data will appear on the part of t	3 registered patent attorvely, e firm (having as a memi- igent) and the names of i meys or agents. If no nar printed. Exp. SECTION COLORS AUSTRIA	per a 2 up to ne is 3 dentified below, the do	current has been filed

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party incincrest as shown by the recorder of the United States Patent and Trademark Office.

Authorized Signature Typed or printed name Registration No.

This collection of information is required by 37 CPR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Post 1430, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14308.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

P. 01